


AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. FET-25	
Applicant(s): Zbigniew C. Lassota & Michael W. Lassota					
Application No. 10/078,600	Filing Date 2/19/02	Examiner Anthony J. Weier	Customer No. 28,439	Group Art Unit 1761	Confirmation No. 5525
Invention: "BEVERAGE MAKING SYSTEM WITH FLOW METER MEASUREMENT CONTROL AND METHOD"					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	41	70	0	x \$9.00	\$0.00
INDEP. CLAIMS	13	4	9	x \$43.00	\$387.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$387.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 16-2370 in the amount of \$387.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2370 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature James W. Potthast, Reg. No. 26,792 2712 North Ashland Avenue Chicago, Illinois 60614-1106 Voice: 773-404-6650 Fax: 773-404-6450			Dated: August 11, 2004 <div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>		
CC: fee processed					